



Direct Deposit Authorization Agreement

<input type="checkbox"/> Begin Deposits	<input type="checkbox"/> Change Information	<input type="checkbox"/> Cancel Deposits
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Client # _____ Employee Name _____ Employee Number _____

First Account	
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
Name of Bank _____	
Transit Routing Number & Check Digit	
Account Number	
<input type="checkbox"/> Net Check	<input type="checkbox"/> Flat Dollar Amount _____
Second Account (optional)	
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
Name of Bank _____	
Transit Routing Number & Check Digit	
Account Number	
<input type="checkbox"/> Net Check	<input type="checkbox"/> Flat Dollar Amount _____

I authorize _____ to initiate credits (and corrections to previous credits) to the financial institution designated above. This authorization will remain in effect until I give written notice to _____ either to change or terminate this authorization.

Employee's Signature _____ Date _____

To Be Completed By Payroll Department

Date Received	Date Entered on Payroll	Effective Date									
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Entered By		Checked By									
